

Effective on 12/08/2004.

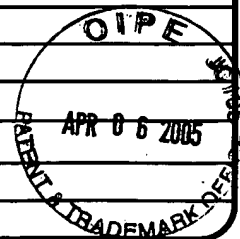
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 415.00

**Complete if Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | 09/977,878       |
| Filing Date          | October 15, 2001 |
| First Named Inventor | Marsha A. Moses  |
| Examiner Name        | Karen Canella    |
| Art Unit             | 1642             |
| Attorney Docket No.  | 701039-054701    |

**METHOD OF PAYMENT (check all that apply)**
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0850 Deposit Account Name: NIXON PEABODY LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description  | Fee (\$)            | Small Entity Fee (\$) |
|--|---------------------|-----------------------|
| Each claim over 20 (including Reissues)                                | 50                  | 25                    |
| Each independent claim over 3 (including Reissues)                     | 200                 | 100                   |
| Multiple dependent claims  | 360                 | 180                   |
| <b>Total Claims</b>  | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| - 20 or HP =   | x                   | =                     |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                       |
| <b>Indep. Claims</b>   | <b>Extra Claims</b> | <b>Fee (\$)</b>       |
| - 3 or HP =  | x                   | =                     |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                       |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|                     |                     |   |                 |                      |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 =             | / 50 =              | (round up to a whole number) x                          | 125.00          | = 0.00               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal &amp; Two Mos X of Time (less secured one month X) 415.00

**SUBMITTED BY**

|                                    |                         |                        |
|------------------------------------|-------------------------|------------------------|
| Signature                          | Registration No. 34,235 | Telephone 617-345-6057 |
| Name (Print/Type) David S. Resnick | (Attorney/Agent)        | Date 4/1/05            |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Practitioner's Docket No. 701039-054701

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Moses et al  
Application No.: 09/977,878  
Filed: October 15, 2001  
For: NON-INVASIVE ENZYME SCREEN FOR TISSUE REMODELING ASSOCIATED CONDITIONS

Group No.: 1642  
Examiner: Canella, Karen

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. § 1.8(a) and 1.10)

I hereby certify that this correspondence:

1. Transmittal Form in duplicate (2 pp.);
2. Notice of Appeal in duplicate (2 pp.);
3. Petition for Two Month Extension of Time (less secured one month ext. fee) in duplicate (2 pp.);
4. Fee Transmittal in duplicate (2 pp.);
5. Return Receipt Postcard;

is on the date shown below being:

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Date: April 1, 2005

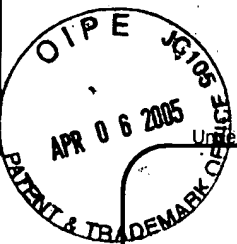
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Signature

Nicole M. Aguirre

(type or print name of person certifying)



AF  
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

|                        |                  |
|------------------------|------------------|
| Application Number     | 09/977,878       |
| Filing Date            | October 15, 2001 |
| First Named Inventor   | Marsha A. Moses  |
| Art Unit               | 1642             |
| Examiner Name          | Karen Canella    |
| Attorney Docket Number | 701039-054701    |

### ENCLOSURES (Check all that apply)

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/<br>Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts<br>under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a<br>Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences<br><input checked="" type="checkbox"/> Appeal Communication to TC<br>(Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify<br>below):<br>Certificate of Mailing and Return<br>Receipt Postcard |
|---|--|--|

#### Remarks

The Commissioner is authorized to charge fee deficiencies or credit overpayments to the NIXON PEABODY LLP Deposit Account No. 50-0850.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                   |          |        |
|--------------|-------------------|----------|--------|
| Firm Name    | NIXON PEABODY LLP |          |        |
| Signature    |                   |          |        |
| Printed name | David S. Resnick  |          |        |
| Date         | 4/1/05            | Reg. No. | 34,235 |

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                   |      |        |
|-----------------------|-------------------|------|--------|
| Signature             |                   |      |        |
| Typed or printed name | Nicole M. Aguirre | Date | 4/1/05 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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